

## SO YOU WANT TO BE ON THE HADLEY XC TEAM?

The cross-country team is an interscholastic program that involves an outdoor distance running competition against other schools. 6<sup>th</sup> & 7<sup>th</sup> graders (boys and girls) run 1.5 miles and the 8<sup>th</sup> graders run 2 miles (boys and girls). Training to run these distances requires practice, practice, practice. Team practice is everyday after school and usually completed around 4:30-4:45. Practice begins the second day of school. If you would like to participate in another sport outside of Hadley, coaches will try to make that work. Please check schedules and notify coaches prior to the start of the season of conflicts. All paperwork must be completed and turned in before a runner may race.

Paperwork to be turned in to your coach includes:

- Activity fee sheet and money
- T-shirt order form and money
- Emergency information
- Summer running sheet
- Waiver
- Contract
- Physical

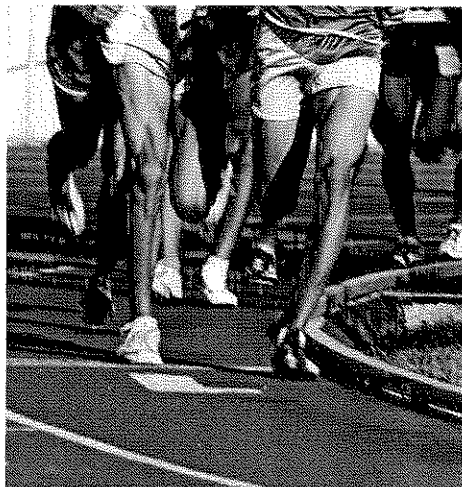
You may find these forms on Hadley's athletic page,  
<http://www.d41.org/schools/hadley/athletics.htm>.

- **Athletes must have the following information turned in to compete in a meet: Sports contract, Waver and release form, Shirt order form, Physical.**
- **Students can be picked up at away meet locations by only a parent or guardian.**
- **Students CAN NOT ride home with another XC athlete unless he/she has a written note only from a parent or guardian.**

Please contact your coach with questions.

Coach Slager Girls coach

Coach Dixon Boy's coach



## XC CHECK LIST

- \_\_\_ XC information sheet (keep at home)
  - \_\_\_ XC team meet schedule (Keep at home)
  - \_\_\_ Athletic code. pages 1-2 (keep at home)
  - \_\_\_ Signed athletic code. Page 3. (turn into coach)
  - \_\_\_ Shirt order form and check along with the activity fees check. Two separate checks please. (turn into coach)
  - \_\_\_ Emergency information form. (turn into coach)
  - \_\_\_ Signed waiver and release form (turn into coach)
  - \_\_\_ Cross-country self assessment. (turn into coach)
  - \_\_\_ Summer running log. (turn into coach)
  - \_\_\_ Doctor's signed physical form. (turn into coach)
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- Students can be picked up at away meet locations by only a parent or guardian.
- Students CAN NOT ride home with another XC athlete unless he/she has a written note only from a parent or guardian.

# HADLEY



## August

## 2011

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24 1 <sup>st</sup> day of school	25 1 <sup>st</sup> XC practice Meet in gym B after school. 3:30-4:45	26	27
28	29	30	31 Away meet at Churchville, Elmhurst			

## September

## 2011

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
				1 Practice at Ackerman Park	2	3
4	5 Labor Day No school	6 Away meet vs. Edison, Wheaton	7	8 HOME meet at Ackerman.	9	10
11	12 No practice Teacher meetings	13 Away meet at Jefferson. Madison Meadows Park, Lombard	14	15 Away meet at Clarendon Hills Middle School	16 SIP DAY NO PRACTICE	17
18	19	20	21 Away Meet at Jackson, Villa Park	22 Away meet at Jefferson, Madison Meadows Park, Lombard	23	24
25	26 CONFERENCE MEET AT Jackson, villa Park	27 Rain date for Conference meet	28	29	30	

## **Dear Parents of Hadley Student Athletes,**

Congratulations are in order for your child for being selected to represent Hadley Junior High School on an interscholastic sports team. Being chosen for the team recognizes your child's natural ability and motivation. It is our hope that the season will be successful and enjoyable. Please read the following district policy related to our interscholastic sports programs:

### **PHILOSOPHY**

School District 41 offers a variety of extracurricular programs to provide additional opportunities to students. Participation in these activities is highly encouraged but remains a privilege. Students choosing to participate in these activities bear the responsibility of representing their school both in the community and at school. These extended responsibilities include holding students who choose to participate to a higher standard of conduct as a condition of participation. The goals of an extracurricular program encompass development of healthy living habits, discipline, leadership, teamwork, citizenship skills and respect for structure, rules and responsibilities. Individual initiative, character and teamwork will be enhanced when there is team cooperation with established procedures. We believe this Code will help make participation in our extracurricular program a strong and enduring learning experience. District 41 staff remains committed to developing the whole child.

### **PURPOSE**

All students involved in extracurricular activities shall comply with these rules and regulations and conduct themselves in a manner that will bring credit and honor to themselves, their schools and their communities. The Code sets forth specific rules for student participation in extracurricular activities and guidelines and procedures to be followed for violations of the rules.

### **REQUIREMENTS FOR PARTICIPATION**

In order to be eligible for participation in extra-curricular activities, students must observe the standards of behavior set forth in the District's discipline policy. In addition, students must maintain grades which are in accordance with the student's ability. Teachers will notify coaches whenever a student's performance does not match his/her ability level and when they feel a student is not putting forth the effort needed to succeed. When a teacher identifies a problem with an individual student, the coach will consult with that teacher to determine if effort has improved. If no improvement is noted within two weeks, students may be barred from continued participation on the team or in the extra-curricular activity in question.

### **PROHIBITED MISCONDUCT**

Misconduct that is contrary to the philosophy and purposes of this Code is prohibited. Some examples of misconduct include, but are not limited to, possession of, delivery of, or being under the influence of prohibited substances; possession or use of tobacco; illegal acts; gross insubordination; assault; battery; reckless behavior; extortion; hazing; major school disruptions; bullying; sexual harassment; theft; fighting; vandalism; mob action; gang affiliation; and possession of weapons and/or "look-alikes;" or assisting in any of the foregoing prohibited activities.

## **APPLICATION OF CODE**

This Code of Conduct is in effect 24 hours a day, 365 days a year. It applies to incidents of misconduct on or off school property, whether in season or not, and whether school is in session or not. Violations of the Code accumulate throughout a student's school career. Violations of the Code that are not related to a student's attendance at school or participation in a school activity or event are limited to incidents of misconduct verified by District 41 staff, law enforcement agencies or an admission of guilt. Direct reports from law enforcement agencies of illegal activity will be investigated. Anonymous or secondhand reports of possible violations generally will not be investigated absent substantive confirming information. A Code violation is verified if, by the information available, it appears more likely than not that a Code violation has occurred.

The consequences for misconduct in violation of this Code are separate from and in addition to those assigned for violating school rules, school district policies and the law. The Code in no way limits the authority of the administration or the Board of Education to impose other or additional consequences in accord with school rules and district policies.

## **PROCEDURES**

The following procedures generally will be followed in enforcing the Extracurricular Code: 1. Upon completion of an investigation, information about an incident is given to the Principal.

2. The appropriate administrator will interview the student and a parent will be notified.

3. The Principal will schedule a hearing within three (3) school days of the completion of the investigation of the misconduct before the Review Board\*. Parent(s) or guardian(s), students and other appropriate school staff will be invited to participate in the hearing.

4. The Review Board will consider all the relevant information and apply consistent and reasonable consequences appropriate to the circumstances, including prohibiting the student's participation in practices and rehearsals.

5. The student or his/her parent or guardian may request a review of the Review Board's decision by the Principal. This request must be made in writing to the Principal within five (5) school days of the student's receipt of the Assistant Principal's decision and must articulate the reason(s) that a review should be granted.

6. The Principal will determine if the decision should be upheld, reversed or modified. The Principal's decision is final.

**\*The Review Board is comprised of the guidance counselor, coach, club/activities sponsor, or other school personnel that are appropriate.**

## **CONSEQUENCES**

Students who are found to have violated this Code of Conduct will be suspended from participation in extracurricular activities for a specific time, as decided by the Review Board. The Principal upon review shall have discretion to determine the severity of the consequences, based on the circumstances surrounding the misconduct. A student not involved in extracurricular activities at the time of the violation will be assigned a consequence beginning upon his/her next involvement in an extracurricular activity. A student may not, however, become involved in a new athletic activity solely to serve the assigned consequence, and the Principal may prevent a student from doing so by assigning a consequence to be served during the student's next involvement in his/her regular activity or activities.

**Student/Parent Acknowledgment of Code**

Students and their parents/guardians must return this signed form before a student is eligible to participate in District 41 extra-curricular activities.

I have read and understand the rules that apply to my participation in extra-curricular activities. I understand that in order to participate in athletic teams and other extra-curricular activities sponsored by District 41, I must follow the rules and expectations explained in the District's extra-curricular code of conduct.

\_\_\_\_\_ Student Name (printed)

\_\_\_\_\_ Student Signature ----- Date

I have read and understand the rules that apply to my student's participation in extra-curricular activities. I understand that the opportunity to participate in such activities is a privilege, and not a right, and that my student must adhere to the expectations outlined in the extra-curricular code as a condition of participation.

\_\_\_\_\_ Parent Name (printed)

\_\_\_\_\_ Parent Signature ----- Date

You should also be aware that your child is expected to leave the building 15 minutes after practices and games. Coaches have been told to supervise your child for this amount of time. After 15 minutes, your child will not be supervised by an adult. Your child has been instructed to notify you of the times they will be done with practice. Please know that the only adults in the building are our night custodians and they are often not in the areas where your children will be waiting for rides. We are always concerned when our students are left unattended for a long period of time. Everyone's cooperation will help prevent any problems.

I have received the letter and am aware of the fact that supervisors are available for only 15 minutes after practice.

\_\_\_\_\_ Parent Signature

# XC SHIRT ORDER FORM

Name \_\_\_\_\_ male/female  
Grade (2011-12) \_\_\_\_\_

Cost: \$6.75 (checks payable to Hadley Jr. High)

- **This check may not be combined with the activities fee check.  
Please pay with two separate checks. Thank you**

All Adult Sizes Small \_\_\_\_\_

Med. \_\_\_\_\_

Large \_\_\_\_\_

XL \_\_\_\_\_

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## ACTIVITY FEE

- This includes any and all activities that require a fee for the current school year. If less than \$30 paid, please list other clubs that you have paid a fee for (this school year only).
- Make checks out to Hadley Junior High
- Please circle athletic fee amount and add that to your shirt order

First activity/sport/club: \$30  
Second activity: \$15  
Third activity: \$7.50  
Fourth activity: \$3.75

- **Please pay with two separate checks. Thank you.**

Shirt \$ \_\_\_\_\_

Athletic fee \$ \_\_\_\_\_

**EMERGENCY INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

People to contact in case of emergency:

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

In case of a serious accident or illness requiring immediate professional attention, we will contact the local emergency medical personnel.

Additional emergency request:

Please list any medical history that might be a vital piece of information in an emergency (Example: diabetes, cardiac problems, allergies, epilepsy, bleeder, etc.)

Please let me know if any information changes.

Glen Ellyn School District 41

Waiver and release of all claims for participation in:

XC

Please read this form carefully and be aware that by enrolling your child in the above program you will be waiving and releasing all claims for injuries the participant may sustain.

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**Name of participant**

**Waiver and Release**

In allowing my child to participate in the above Glen Ellyn School District 41 program, I recognize and acknowledge that there are certain risks of physical injury; and I agree to assume the full risk of injuries, damages or loss which my child may sustain as a result of participating in any and all activities connected with or associated with such a program.

I agree to waive and relinquish all claims I or my child may have as a result of participating in the program against Glen Ellyn School District 41 and its from injuries, damage or loss which may have or which accrue to me or my child on account of participation in the program.

I further agree to indemnify and hold harmless and defend Glen Ellyn School District 41 and it's officers, agents, servants, and employees from any and all claims sustained by me or my child arising out of, connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize Glen Ellyn School District 41 to secure from any accredited hospital and or physician any treatment deemed necessary for my immediate care or for the immediate care of my minor child, and agree that I will be responsible for any medical services rendered.

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Signed Parent or Guardian of Participant

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Date



## CROSS-COUNTRY

Name \_\_\_\_\_ male/female

Grade for next year (2011-2012) \_\_\_\_\_

Other  
sports/activities \_\_\_\_\_

How would you rate your present fitness level?  
( excellent      good      fair      poor )

How many minutes do you think you can run, at a slow  
pace, without stopping? \_\_\_\_\_

## SUMMER RUNNING LOG

Dear Future Cross-Country Runner:

Here are some suggestions for running this summer to prepare for the season.

We would like you to:

1. time yourself running a mile once every week (GBW track, 4 laps = mile)
2. at least one 20 minute run per week
3. please keep track, also record extra runs

DATE	20 MIN (time)	MILE (time)	EXTRA

Tuesday nights at Newton Park is an organized cross-country race with awards.

\$1.75 per race

Time: grade school begins at 6:15, high school 6:45, adult 7:15

Additional information or questions call the Glen Ellyn Park District 858-2462.

\*We will ask for this sheet when you return in the fall.



STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
CERTIFICATE OF CHILD HEALTH EXAMINATION

Please Print

Student's Name			Birth Date	Sex	School	Grade Level (ID#)
Last	First	Middle	Month/Day/Year			

Address	Street	City	ZIP code	Parent/Guardian	Telephone # Home	Work
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IMMUNIZATIONS: To be completed by health care provider. Note the mo/day/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.

VACCINE/DOSE	1			2			3			4			5			6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
Diphtheria, Tetanus and Pertussis (DTP or DTaP)																		
Diphtheria and Tetanus (Pediatric DT or Td)																		
Inactivated Polio (IPV)																		
Oral Polio (OPV)																		
Haemophilus influenzae type b (Hib)																		
Hepatitis B (HB)																		
Varicella (Chickenpox)																		
Combined Measles, Mumps and Rubella (MMR)																		
Measles (Rubeola)																		
Rubella (3-day measles)																		
Mumps																		
Pneumococcal (not required for school entry)																		
Check specific type (PCV7, PPV23)	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23
Other (Specify hepatitis A, meningococcal, etc.)																		

Comments

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.

Signature	Title	Date
Signature	Title	Date
(If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	Title	Date
Signature	Title	Date
(If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by physician. (All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

\*MEASLES (Rubella) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease Signature Title Date

3. Laboratory confirmation (check one)  Measles  Mumps  Rubella  Hepatitis B  Varicella

Lab Results Date MO DA YR (Attach copy of lab report, if available.)

VISION AND HEARING SCREENING DATA

Pre-school - annually beginning at age 3; School age - during school year at required grade levels

Date																
Age/Grade																
	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L
Vision																
Hearing																

Code:  
P = Pass  
F = Fail  
U = Unable to test  
R = Referred  
G/C = Glasses/Contacts

Printed by Authority of the State of Illinois  
(Complete Both Sides)

Student's Name			Birth Date		Sex	School	Grade Level/ID #
Last	First	Middle	Month/Day/Year				

**HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

ALLERGIES (Food, drug, insect, other)			MEDICATION (List all prescribed or taken on a regular basis.)			
Diagnosis of asthma?	Yes	No	Indicate Severity	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No
Child wakes during the night coughing	Yes	No		Hospitalizations? When? What for?	Yes	No
Birth defects?	Yes	No		Surgery? (List all.) When? What for?	Yes	No
Developmental delay?	Yes	No		Serious injury or illness?	Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No		TB skin test positive (past/present)?	Yes*	No
Diabetes?	Yes	No		TB disease (past or present)?	Yes*	No
Head injury/Concussion/Passed out?	Yes	No		Tobacco use (type, frequency)?	Yes	No
Seizures? What are they like?	Yes	No		Alcohol/Drug use?	Yes	No
Heart problem/Shortness of breath?	Yes	No		Family history of sudden death before age 50? (Cause?)	Yes	No
Heart murmur/High blood pressure?	Yes	No		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate Other		
Dizziness or chest pain with exercise?	Yes	No		Other concerns?		
Eye/Vision problems? <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor				Information may be shared with appropriate personnel for health and educational purposes.		
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Parent/Guardian Signature		
Ear/Hearing problems?	Yes	No		Date		
Bone/Joint problem/injury/scoliosis?	Yes	No				

Entire section below to be completed by MD/DO/APN/PA (\*INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES)

PHYSICAL EXAMINATION REQUIREMENTS		HEIGHT	WEIGHT	BMI	B/P	
DIABETES SCREENING BMD-85% age/sex		Yes <input type="checkbox"/>	No <input type="checkbox"/>	And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signs of insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>		

LEAD RISK QUESTIONNAIRE\* Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required in Chicago and other high risk zip codes.)

Blood Test Indicated? Yes  No  Blood Test Date \_\_\_\_\_ Blood Test Result \_\_\_\_\_

TB SKIN TEST Recommended only for children in high-risk groups including children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adults in high-risk categories. See CDC guidelines.

Date Read \_\_\_\_/\_\_\_\_/\_\_\_\_ Result \_\_\_\_\_

LAB TESTS *INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES		Date	Results	Date	Results
Hemoglobin * or Hematocrit *					
Urinalysis					
			Sickle Cell * (as indicated)		
			Other		

SYSTEM REVIEW		Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin				Endocrine	
Ears				Gastrointestinal	
Eyes	Normal Yes <input type="checkbox"/> No <input type="checkbox"/>	Objective screening Yes <input type="checkbox"/> No <input type="checkbox"/>	Result _____	Genito-Urinary	LMP
	Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Referred to Ophthalmologist/Optometrist Yes <input type="checkbox"/> No <input type="checkbox"/>		Neurological	
Nose				Musculoskeletal	
Throat				Spinal examination	
Mouth/Dental				Nutritional status	
Cardiovascular/HTN				Mental Health	
Respiratory					

NEEDS/MODIFICATIONS required in the school setting \_\_\_\_\_

DIETARY Needs/Restrictions \_\_\_\_\_

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cap \_\_\_\_\_

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?  
 If you would like to discuss this student's health with school or school health personnel, check title:  Nurse  Teacher  Counselor  Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?  
 Yes  No  If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in  
 PHYSICAL EDUCATION Yes  No  Modified  INTERSCHOLASTIC SPORTS (for one year) Yes  No  Limited

Physician/Advanced Practice Nurse/Physician Assistant performing examination

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

(Complete both sides)